

REPLY OF DR. STEVENS

TO THE

REPORT OF THE COMMISSION TO EXAMINE THE PROPOSITION THAT FUNCTIONAL NER- VOUS DISEASES ARE LARGELY DEPEND- ENT ON OCULAR DEFECTS.

To the Neurological Society:

Contrary to the agreement and stipulations between the Commission appointed by this Society and myself, the Commission has resolved to submit its report at this time. The importance of the subject of the inquiry which it undertook is sufficiently great to have warranted not only a fair, but even a generous interpretation of the conditions agreed upon for making this report.

The Commission, in making its report at present, not only violates the letter of our engagements, but apparently disregards what should have been the aim of the inquiry—a united effort to discover the truth. It violates also both letter and spirit of the engagements in that, whereas this investigation was instituted and carried on not to establish a part, but the whole of a doctrine, the Commission, in disregard of its pledges and of the plain meaning of the agreement, advertises and presents a report upon two forms of disease; thus leaving the subject of investigation as unsettled as before—a contingency against which I entered my earnest protest before entering upon the work of the investigation, and against which I accepted the formal pledge of the Commission. The challenge sent to me in the name of this Society was a challenge to investigate a proposition, and these two forms of disease were accepted on the pledge that the result should represent that doctrine.

Protesting against this whole action, which is contrary to the interest of medical science, as well as a personal in-

justice, it is my purpose only at this time to call the attention of those interested in the inquiry to the spirit in which it has been prosecuted by the leaders of the Commission and the errors with which the report abounds.

In order to obtain a just conception of all the conditions which have surrounded this inquiry, we must go back to the period at which it originated. It does not reflect unfavorably upon the sincerity or candor of any member of the Commission when the fact is recalled, which was at that time notorious, that a number of the members of this Commission had committed themselves against the views included in the proposition presented to this Society in my paper of March 1st, 1887, long before the paper was read, and in several instances by public denunciations. It is also a notorious fact that the opposition to these views had, to a considerable extent, among the members of the profession, taken the form of personal antagonism to the advocate of that proposition.

When, therefore, this Society, through its representative, requested me to enter upon this investigation, it virtually invited me to enter a hostile camp and to trust to the fairness of those who were known to be opponents.

Whether a consent to enter upon a trial of great importance to the truth which I advocated, as well as my own interests, was, under such forbidding circumstances, wise or prudent, is a question upon which it is not now necessary to enter. The facts, however, may throw some light upon the subsequent position of the two parties engaged in the investigation.

It is proper in this connection to express my sincere appreciation of the uniform courtesy and kindness of the two oculists associated with the Commission during the whole period through which the investigation has continued, and to say that with some other members of the Commission my relations have been only of a pleasant character. Whatever their position may be in respect to the endorsement of the report presented, I entertain for them only sentiments of friendly respect.

Responding to the formal challenge of the President of

the Society, I offered a plan upon which I believed that an inquiry could be made of interest and value to the medical profession and which appeared entirely just to all engaged. This plan the President in a letter declared to be "perfectly just and fair", and added his assurance that all were anxious to be entirely just to me. No sooner, however, had my acceptance to the proposition been received than the Commission, which had already been appointed, demanded radical changes, and several weeks were spent in urging and making alterations of this plan which should give the greatest possible latitude to the Commission with the severest restrictions upon the one who was to perform the labor and accept the responsibility. The vexations and annoyances of those weeks of preliminary work would have deterred anyone not possessed of the highest conviction of the truth and dignity of his cause from further relations with the Commission.

The work of the investigation, however, at length commenced, and it was seen that the Commission which had taken so many weeks to reconstruct the plan in such a manner as to be more binding upon me, was paying slight heed to the obligations of that plan themselves. It became further evident that it was the purpose of the Commission to send for treatment not only the most incorrigible cases, but apparently to keep the cases down to the lowest possible number. It is this last seeming purpose which has, through a long period, proved a source of vexatious controversies. For notwithstanding the fact that after a year had elapsed and only nine cases had been sent by the Commission, including two that were wholly unfit, and one that had never made but a single visit to my office, the Commission had already made repeated demands that a report be rendered.

Thus, while the provisions of the agreement required that the report should be based upon a number of suitable cases, not less than twelve nor more than twenty, the Commission was demanding that the report should be made upon five cases sent by them and one furnished by myself. But even of these six not all had continued under treatment ; in

fact, only four cases sent by the Commission were under treatment when one of these demands was made.

Even as early as April, 1888, the Chairman of the Commission in again urging a report, declared that it was impossible for the Commission to obtain cases and that therefore as the inquiry had continued for a considerable time, a report was due to the Society. To this my reply was that the Commission had issued the challenge for this inquiry, and that it should be easier for a large Commission to furnish twelve suitable cases than for one man to cure them.

Again, in this report the Commission returns to the familiar and disheartening complaint that an appeal made by it in April, 1888, by postal cards sent to all the members of the Society to aid them in the work of obtaining the necessary cases, "proved almost useless."

Again and again has this question arisen, in every instance in violation of the letter and spirit of the agreement.

When, in April last this ever recurring subject presented itself, upon my instance that the Commission must first comply with the rules of the agreement, one of the members of the Commission visited me and inquired what would be satisfactory to me, to, to which I replied that a literal compliance with the engagements would satisfy me. He then inquired if I would consent to a report in November in case the Commission would, within a month, send four new and suitable cases for the inquiry. To this I replied that if these patients continued under treatment, I would do so. He objected that this might cause indefinite delay. I at length agreed that should four suitable cases be sent, and should these continue until they could be considered fairly under my treatment, I would be responsible for retaining them and would not interpose objections if some of them should discontinue. I did not, as the Commission reports, "request" four patients. I accepted the proposition offered, on certain conditions. Nor have I ever directly or indirectly, as represented by the Commission, "requested" four or any number of cases. Nor have I, as stated by it, "com-

plained" because many cases were not sent to me. I have declined to comply with its demand to surrender the terms of the agreement, and I submit it to the judgment of this Society and the public whether it is either dignified or just for this Commission to represent that I have been a seeker for favors at its hands. The member of the Commission already mentioned a few days after this interview reported, as the Commission's representative, that there would be sent four suitable cases within the next four weeks, and that on the basis of this agreement a report was to be made in November. Written statements of officers of the Commission confirmed this oral agreement. Three cases came and were accepted. Another came, but as she had not been informed that she was to discontinue all drugs, she declined to attend. Of this the Commission was at once notified, and at the end of the month two notices were sent, stating that only three cases had been received. To these letters there was no response. Autumn came and as usual there was a demand for a report. To my objection that the Commission had failed to do as it had agreed, it was said that inasmuch as more than one of the cases sent had remained, the agreement was virtually complied with. This was certainly not a correct claim. It was my privilege to demand a compliance with a specific stipulation which had been made to me, as I had reason to suppose, in good faith, without giving any reasons for such a demand. There were good reasons, and some of these were submitted to the Commission.

The Commission declares that a letter from me at this time contains two distinct propositions. "One states that he (Dr. Stevens) would like four more acceptable cases; the other that one or more of the four patients continue under treatment till November." Permit me to say in the most emphatic manner that no such letter has been written by me, and that the Commission has no such letter in its possession, and this is not an exceptional instance of the practice of the Commission in this report of making quotations purporting to be from letters from me, but which letters never existed.

The Commission complains at great length that reports were not sent to it. No notes, except such as were sent, were required by the terms of the agreement, and we may properly inquire why so great impatience was experienced by the Commission, because all my notes of the cases were not placed at its disposal. The Commission itself explains the reason for that anxiety when it says in the report just read: "During the Autumn of 1888, as numerous cases had been under treatment by Dr. Stevens for many months, it was discussed at several meetings when a final report should be made. Preliminary to the planning of a report it was necessary to collect all the data relative to the cases."

... "This was made difficult by the refusal of Dr. Stevens to furnish his notes of the cases."

The reason, then, why the Commission did not render the final report a year ago, appears not to have been respect for the agreement into which it had entered, but the difficulty of obtaining the materials for making the report before it had furnished the materials for doing the work.

It will help to a clear understanding of the character of the notes required and of the impropriety of the demand, if we examine a letter of this period when the Commission had again determined to make its final report. This letter, dated October 7th, 1888, reads as follows:

"I am directed by the 'Stevens Commission' of the Neurological Society to request you to send me copies of your records of the cases submitted to you by the Commission in accordance with Section 5 of the plan of proceedings. The Commission desires to make a report in December, if possible; but it is essential that your report of the condition found, of the operations done, and the subsequent condition and of the present state of each case, should be in their hands before such report can be prepared. Will you kindly state which of the following patients have been treated and which of them are still under treatment?"

(Here follows a list of names.)

Yours very truly,

(Signed)

M. ALLEN STARR, *Secretary.*"

From the above it appears:

First, that the Commission had resolved to report the results of the investigation; and second, that it demanded from me a complete report of all the original conditions, the treatment, progress and present conditions of all the patients. In other words, it demanded a complete and final report.

Section 5 of the plan, in accordance with which this report was said to be demanded, distinctly refers to the final report, and if there could be a doubt as to the meaning of this section it should be interpreted by the corresponding provision in the plan originally submitted by me, in which provisions for the final report of the Commission and of myself are contained in the same section, and the meaning is explicit. There is nowhere in the articles of agreement any provision for the kind of report called for in the above letter, except that which is to be made at the close of the investigation. This Section 5 of the revised plan reads: "A report shall be made by Dr. Stevens to the Commission of the conditions found, of the methods and details of treatment, and the progress of the case and the conditions remaining at the times of making the report."

, Will any right-minded man claim that this section calls for a report, such as is demanded in the above letter, to be made by me at any time at the will of the Commission? Or will any reasonable person withhold his approval of my refusal to furnish such a report when the demand for it was coupled with the announcement of the Commission that it was to use this material in a flagrant violation of its own obligations to the public and to me?

This Commission, representing a large society, had publicly challenged me to an investigation, to be based upon not less than twelve nor more than twenty cases. Now, after a notable failure on its part, shown by the fact that after the first nineteen months of its existence, this Commission, which had so boldly challenged me, had sent to my office, including those who came but once, the syphilitic and traumatic, the intoxicated, the cases of gross cerebral lesions, and others which were not in the inquiry, according to the plan—in all fifteen persons, of whom only seven were

then under my charge. The Commission was perfectly informed of this state of facts, and the repeated announcements of its purpose to report were in absolute defiance of the provisions of its own plan.

I freely confess that the annoyances of this ever-recurring conflict over a subject concerning which there could be no reasonable question of the right, have been to me a source of greater trouble than the treatment of these unfortunate cases during all this time.

In the lengthy presentation of its case in respect to the difficulties claimed to have been encountered by the Commission in obtaining records, a great deal of matter is included which does not accord with the evidence in my possession. The report asserts that "Dr. Stevens has not furnished the Commission with reports of the case, or copies of his various notes of them (or allowed of copies being made at the Commission's expense, as was proposed."

How this assertion harmonizes with the facts may be seen from the following statement :

May 22d, 1887, the Secretary of the Commission, wrote, asking if Dr. Stevens would "allow such a copyist as Dr. Foster may select to copy the histories already in your possession," etc. To this an affirmative reply was sent. As Dr. Foster did not send the copyists, my own clerk prepared the copies of all cases then under treatment, and sent these copies to the Secretary, without expense to the Committee. The Secretary acknowledged them in the following letter :

24 West 48th Street, Oct. 8th, 1887.

Dr. GEO. T. STEVENS.

Dear Doctor:—The report of the six cases are received. Will you kindly let me know what the expense of copying has been, and I will refund you. Will you also kindly inform me how many cases have dropped off and do not continue to come and to whom those cases belong, so that the doctors can look them up and send them back?

Yours very truly,

M. A. STARR.

It will thus be seen that the assertion of the Commission in its report that I refused to allow copies to be made is incorrect. The statement also that Dr. Stevens has put the Commission to serious inconvenience by retaining the only existing notes of one case can be positively disproved by the written testimony of the Chairman of the Commission.

I have prolonged this portion of my statement to this very considerable extent, because the Commission has expended great pains and much space to make it appear that in refusing to comply with its demands I was violating the spirit and letter of the compact. I reply that I resisted the declared intent of the Commission to disregard the plan which it had offered, and I think there are many who will approve of that resistance.

The Commission also complains that Dr. Stevens declined to make new stipulations respecting the time during which patients should continue under treatment. To this and similar propositions I uniformly replied that it would be better to comply with the present agreement than to make new ones.

In all this matter, then, in which the Commission labors through many pages to produce the impression that Dr. Stevens was an obstacle to the work of the Commission, it appears that Dr. Stevens simply declined to consent to a violation of the original contract or to resort to a new one to suit the purposes of the Commission.

Before passing to a review of the statements of the Commission relating directly to the conditions of the patients before and after treatment, it is desirable to look further into the general spirit and motive of this report.

One of the sections of the plan submitted by me to the President of this Society in March, 1887, reads as follows:

"8th. Should any patient decline or neglect treatment without consent either of a majority of the Commission or of myself, such case should not be regarded as in the inquiry."

In the plan, as revised by the Commission, a part of section 5 reads as follows:

"If any patient declines or neglects treatment, such case shall not be regarded as included in the inquiry, or counted."

These two forms of statement are clearly intended to mean that the report of the inquiry is to be confined to those cases only which come within the proper meaning and scope of the inquiry. Why, then, does this report contain long details of thirteen cases, which, according to the stipulation, were "not to be regarded as included in the inquiry or counted"? Can it be that, by presenting this long array, representing some cases which came once only, and others which should never have been sent at all, the Commission desires to convey the impression that there has been a much larger amount of good material furnished than has been used to good purpose? Surely no scientific purpose can be served by this array of imperfectly reported cases. If the motive is not to place Dr. Stevens in a false light, the plan has been unfortunately conceived. These thirteen pages of type-written material, inserted in this report in direct defiance of the articles of agreement, must surely have a deeper significance than the mere setting forth that a Commission of this Society has been able to find a certain number of epileptics and choreics, some of which had come to me but a single time, of which most were unfit and all were out of the inquiry. Whatever the purpose of inserting these cases in the report may be, the evident effect is to cast a reflection of failure upon Dr. Stevens. It is also in disregard of a specific promise of one of the Commission that, if I would send him copies of cases not in the inquiry, they should not in any way be included in this report. The copies were sent, and the cases are in.

But there are details in these and other cases which are, if the Commission is not aiming to induce prejudice in the minds of the reader, certainly unfortunate. For instance, John D., Case 22, was a case of old syphilis with optic-nerve atrophy and with a fresh wound measuring several inches

in length, extending through the thickness of the scalp, an injury inflicted by a flat-iron in the hands of his wife. These facts were stated in a letter to the Secretary declining to accept the case. He is in this report stated to have been rejected on account of his "social relations."

Mrs. Q., Case 26, was a respectably dressed and well-behaved German woman, who was no more objectionable, from the standpoint of her appearance, than others sent by the Commission. She was a case in which optic-nerve atrophy was only one of many indications that the patient was suffering from extensive organic degenerations. For these reasons solely, Dr. Webster, and afterward Dr. Dana, fully concurred with me in the view that she was an unsuitable case. The report says: "She was withdrawn because of his objection to the patient, who was unrepresentable and had several attacks in his office." The patient was neither unrepresentable, nor did she have several attacks in my office.

What motive has induced the Commission to apply reasons, which were not the real ones, for the withdrawal of these patients? Was it to convey the impression that they were rejected for slight causes? Surely it could not be supposed that an honorable Commission would mislead for the purpose of concealing the fact that they had sent such unsuitable cases and so many of them? Nor could the thought be entertained that an honorable Commission could deliberately send cases known to be incurable organic cases, for the purpose of entrapping Dr. Stevens into their acceptance. In this connection the Commission has unfortunately placed upon record a statement which is to be regretted. In the report of the case of Stephen W., the Commission states: "The epilepsy was thought [by the Commission] to have an organic basis in a cicatrix in the left hemisphere; but, in spite of this statement, Dr. Stevens accepted the case."

The circumstances of the acceptance of this case were as follows:

The patient made his first call late in the day, and without any examination he was told to call at an appointed

time. The Commission was notified and both Dr. Webster and Dr. Moore were present for the examination. A large number of private patients were at the time demanding my attention. I requested Drs. Webster and Moore to make the ocular examination, which they kindly did. I did not go into the room where the ophthalmoscope was used, nor did I at that time even read the notes of the case that were brought by the patient. I assumed that the Commission would send none but suitable cases, and I doubt not that the gentlemen who examined the eyes and reported nothing noteworthy, made the examination in a much less careful manner than they would have done had they been expecting to find disease. Of course neither of us exercised sufficient care and on my part the neglect was an important one.

The case was accepted, and several days passed before I found time to make a critical examination. Soon after this I took the opportunity to express my belief to Dr. Dana that the case was an entirely unsuitable one, and it was withdrawn. I did not at that time suppose that it was the deliberate purpose of the members of the Commission to send a case which they had had under observation and which was known to be incurable.

The plan provided that typical cases only should be chosen, which were not complicated with any known organic disease and which had resisted approved methods of treatment. I assumed at that time that any case referred to me by the Commission I could accept in good faith. Experience, however, in this and other cases which were accepted at the beginning, led me at a later period to make careful scrutiny, with the result that quite a number of the cases sent were rejected as unsuitable. And this state of facts may throw light upon the reason for my insistence upon a full compliance with the agreement of April last, that the whole number promised should be sent, for of the early cases sent nearly every one should have been rejected, and four suitable cases would, at a later stage of the work, have been an important factor.

There is a familiar proverb that "Straws show which

way the wind blows." In ascertaining the spirit in which the report is made, it may be worth while to recall to mind the fact that in the history of one of the cases the report concludes: "In a letter of Dr. Stevens, dated November 7th, 1888, he (the patient) is alluded to as the "chronic boy."

The latent humor contained in the above sentence only becomes gradually manifest when we remember that a good deal of attention has been devoted to the person who is represented as characterizing his choreic subject as "the chronic boy." Dr. Stevens freely admits that his penmanship is not such as would obtain for him a position as writing master, but there is not this poor excuse for this attempt to subject to ridicule the man whom this Society has invited to all this labor and responsibility. The quotation which can have but one significance is not found in any letter written by me. I need not adduce further examples of the spirit which pervades this report, but I may call the attention of every one who has listened to the reading to the fact that whatever may have been the purpose or motive of the author of that paper, from its first page to its concluding clause, there is no word or sentiment which would lead the hearer to suppose that the person whose work has been so long under review is worthy of any confidence or of ordinary respect. What the clear tenor and effect of such a report is, I leave for the judgment of honorable men to decide.

Passing now to the reports of cases which have been under treatment, we are at once struck with the fact that so many of the cases which had from five to twenty years resisted the effects of toxic doses of arsenic and bromide were of such a simple and easy character. Again, it is worthy of note, that where two neurotic manifestations existed in the same patient, the disappearance of the one not specifically mentioned in the plan is made to account for the improvement in the other. Still further, cases which the Commission say have not been seen by the members for some time and concerning which cases they say that no conclusions can be arrived at, are reported among the "unimproved,"

while one of the cases which has been seen by the representative of the Commission, who has from time to time recorded the most favorable observations, is included in the class "unknown," the report stating that this is from a want of recollection.

It is my purpose here not to take up in detail every one of those reports, but to point out certain great defects in a few of them, which will throw some light upon the spirit in which all have been written.

Let us examine some of these cases.

First. The case of Elizabeth C. The Commission concedes that this patient is better, but not well, and that the first improvement appeared thirty weeks after beginning treatment.

The report fails, however, to set forth the heroic treatment to which this feeble little girl had been subjected during the two years prior to being sent to me. It does not state that she was, by the direction of the chairman of the Commission, kept month after month closely confined to her bed, nor that, according to the notes sent by him to me, she had taken under his direction twenty-five drops of Fowler's solution of arsenic, three times a day. It neglects to state that after these and many other heroic methods, the child was far more feeble when she came to me than she had ever been before, and that she was anæmic and destitute of every appearance of vigor or elasticity. It fails to set forth the facts that appear in the notes sent to me that her one or two attempts to attend school during the two years and more had proved absolute failures.

What are the facts concerning her improvement? During the school year commencing in September, 1888, and ending in July, 1889, the child attended school without the loss of a day, except when she was called out for Dr. Seguin's examinations, and during the present year she has renewed her school work with vigor and with no loss of time, except from the cause above mentioned. Her father, a professional nurse, and her mother a very intelligent woman, observed a marked improvement in her condition long before she was sent to school, and they are both confident that she was

able to have attended school much sooner than she did, but that their former experience led them to hesitate for a time, and then they concluded to wait for the beginning of another school year. The statement that the first improvement was thirty weeks after treatment commenced, is not in accordance with the facts as understood by the parents of the child, or as appeared from my own notes.

The report adds, "At present she has diplopia for near and far distance—an ocular defect acquired during treatment."

On reading this statement in the report I was surprised, for I had suspected nothing of the kind. On examining the child I found no evidence of diplopia; but I learned from her that what she called double images under the examination by the Commission, was the aberration which is perfectly familiar to oculists as the result of astigmatism. The child has three-fourths dioptré astigmatism in the left eye. Without a correction of this defect the over-conscientious child, when assured that what looked to her, as she expressed it, "Kind of double," really meant double, admitted that she saw double. In my examination, as soon as a three-fourths dioptré cylinder was placed properly before the eye, the aberration was corrected and the supposed diplopia promptly disappeared. I have so great confidence in the integrity and candor and the friendly sentiments of the oculists connected with the Commission, that I believe that if either of them is responsible for this statement, which is certainly an injurious one to me, he will improve the first opportunity to correct the important error. The child not only has no diplopia, but she has a condition of orthophoria with absolutely free and perfect rotation of the eyes in every direction, with abduction of 8° and adduction of 40° .

It is proper here to add that the Secretary of the Commission was kind enough to say that I could obtain the report of the oculists if I asked for it. As I have not yet sent a request, I have not seen it.

Second.—Flora K., Case 2. The report states that this case was under observation of the Commission four years previous to being referred to me, during which she averaged five attacks a year of grand mal.

The report fails to state that the patient had also great numbers of slight attacks in addition to the above, and that the patient had been an epileptic with severe and frequent fits since her first year (being at this time twenty years old). Nor does the report include the fact that at the beginning of the observation of this case optic nerve atrophy, with pathologically enfeebled action of all the muscles within the orbit, including drooping of lids, not amounting to complete ptosis, had been observed ; nor that attention had been repeatedly called to this condition. The report does, however, say that positive harm has been done by the ocular treatment, and proves it by setting against the five monthly attacks of grand mal and the unreported number of petit mal, the number of attacks of slight vertigo which, to use the words of the patient's mother, "Can hardly be noticed," and which from the time she first came to me she had been instructed to record at the moment on a calendar, which she is ordered to carry in her pocket for the purpose—a practice adopted only after she came to me.

The patient believes that she is greatly improved. The mother is sure that she is, and says that she can now trust the girl to go about alone, which she could not do before. She has almost completely recovered from some most distressing nervous symptoms which have from the beginning accompanied her disease. Her general health has greatly improved, and she is greatly better in her mental condition.

The patient has not recovered and does not belong to the class of functional cases. She long ago passed out of that class. She is certainly better, notwithstanding the remarkable statistics of the Commission.

Third.—George K., case 4. This was one of extravagant electric chorea with coprolalia. His clonic convulsive movements, his loud whoops and barkings, and his constant repetitions of obscene phrases under all circumstances are to his friends among their most painful memories, and to many physicians among their most curious observations. He has been widely known as the "barking boy." A month after ocular treatment commenced, a very remarkable change for the better was observed by all who saw

him. The mother says, "I thought he was well." Two months later a relapse occurred, but he did not return to his former condition; and both the boy and his mother positively assert that in his worst periods, since he has been under my charge, his condition has never been so bad as when at his best during some years before. The violent convulsive jerkings which were repeated every second or two have given way to slight movements often intermitting for a long time, and his loud barkings and whoopings have been replaced by a sound resembling a hiccough. Even these nervous manifestations are often absent altogether. He is not well, but notably better; indeed, judged by the ordinary standard of success in such cases, he is remarkably better. He is classified with the unimproved in the report.

Fourth.—Aggie H., case 5. This girl is said by the Commission to have had from two to four attacks of petit mal daily for four years.

The mother of the child has stated more than once in the presence of the members of Commission and others that her number of attacks very greatly exceeded this number, and that from forty to sixty would correctly represent them, that they occurred every few minutes, and that as no one could keep perpetual watch over the child her attacks could not be counted. Referring to her mutterings when in an attack, the mother says, "She was talking all the time." The mother now declares that the number of attacks is less than one-twentieth the former number, and that the character of them has been greatly modified for the better. Thus, notwithstanding the assertion of the report that "the result of ocular treatment pursued with regularity for fifteen months seems to be entirely negative," a really notable improvement has, in fact, taken place.

Fifth.—G. H., case 8. The Commission states the number of attacks of grand mal (which were attacks lasting several hours) at three in a year, another lighter form of epilepsy once in three or four weeks, and attacks of petit mal three or four daily. Thus it appears from the report of the Commission that the patient suffered from what, by the numerical method, which appears to be a favorite one of

the Commission, must have been many hundreds of attacks in the course of a year.

The Commission states in respect to the result: "Through lack of definite data no conclusion can be drawn from this case."

It is proper to inquire what data was and is in the hands of the Commission. It appears that of the four occasions when this patient has been brought to the city since he was referred to the Commission, he has been seen by one or more of the members on three. On each of these occasions written memoranda have been made. The following notes are in the handwriting of Dr. Birdsall:

NOTES MADE MAY 25, BY DR. BIRDSALL.

"Grandmother states that he has not had any convulsions, nor any of the attacks of vertigo (premonitory spells) since March 28th. Patient himself states, that about April 27th, he had, one day, the feeling that he was about to have an attack, resolved that he would think of something else; it did not come on, and none has occurred since. Tenotomy was first performed, April 6, 1888."

"March 30, 1889. Patient's general appearance is better than when last seen—looks as if he had increased in weight. Patient states from memory that he thinks he has not had any of the premonitory attacks, but he had one severe one this month."

This memorandum was made after a close examination of the patient, a very bright boy, and his father a man of learning and ability—an examination lasting more than half an hour. The claim of the report that nothing was learned regarding *petit mal* in all this long examination, and, therefore, that no conclusion can be formed, is remarkable. In fact, there were no such attacks. It will thus be seen that, according to the records made by one of the Commission, the patient had but a single attack in more than a year. Notwithstanding the fact that the Commission has a copy of these notes in its possession, the result of treatment is recorded as "unknown."

When we consider the professedly minute memory of the

Commission in certain respects, this lapse seems extraordinary.

Was this case relegated to the class "unknown"? because if it had been placed where it belongs it would have made the list of "improved," disproportionate to a number which would sustain the Commission's general conclusions?

Light may perhaps be thrown upon this question by a further interesting study of the methods of the Commission in presenting its professed summary of results, and which appears in the disposition which it has made of two cases, neither of which, according to the articles of agreement, should have been included in the report.

The Commission, for its own purposes, and contrary to the rules, established a time limit by which the case of David S. could be admitted to the list of those which the Commission calls "counted." Now, David was, as the Commission claims, under treatment four months; and stopping before his complex muscular errors were corrected, he did not get better. He is placed among those whom the Commission "counts" and in the list of "unimproved."

Patrick H. was another epileptic who dropped out, but Patrick was much longer under treatment than David. If the rule included David among the "counted," why not Patrick? There is this coincidence—Patrick, when submitted by the Commission, had an average of more than two-fits of *gros mal* every day—fits in which he fell in convulsions. A remarkable falling off of these attacks was observed during the first month of his treatment, for during that month he had only seven such attacks. The following month there were four; the next month one; then there was an increase to four during the fourth, and again a decline to two in the fifth month, and during the sixth month he did not have any. Patrick thought he was pretty well and discontinued attendance. Now, if the case of David, who did not during his four months get better, was to be used to swell the list of the "unimproved," by what logic was Patrick, who, during his six months of attendance, had shown remarkable improvement, placed in the list of "not

counted" and thus prevented from serving a similar purpose for the column of "improved" which the other had served in the opposing list?

Sixth. The last of these case reports to which I shall call attention is Case 13, Mary McK. This patient is a woman of excellent intelligence and who, notwithstanding her malady, which has kept her much of the time away from her duties, has been continued as a teacher in one of the Public schools. She was examined by members of the Commission in March, 1889, and in reply to their question gave an approximate estimate of the number of her convulsions. Before being sent to my office about the first of May last, she was handed a calendar on which she was instructed to record with greatest precision every convulsion and every dizzy spell of whatever degree of severity. Since she commenced treatment directed to ocular conditions, six months ago, she has greatly improved, although the bromides have been discontinued. She had, about the middle of August, an attack such as she had reported to the Commissioners as of frequent occurrence. She has had none since. She has in the meantime experienced some momentary sensations of vertigo, which have seized her while standing in front of her class, but have caused neither staggering nor falling—nothing more than a momentary sensation. These little attacks she at once records and these, which were not included in her statement to the Commission, are counted against attacks of convulsions in which the patient fell and was unconscious. It may be that this kind of numerical method of estimating the degree of epilepsy is a correct one. But in spite of the verdict of the Commission that she is unimproved, the patient and her friends think that there is a marked difference between falling in a fit from two to four times a month and having a dizzy spell as often. Especially do they think this since they assert that, in addition to the fits reported originally, the dizzy spells were even more frequent and severe than at present. This patient and the friend with whom she resides declare in the most positive manner, and in the presence of many gentlemen eminently competent to judge of the value of the statement,

that she is incomparably better. And the contrasts to which I have drawn attention, between the actual results and the results as set forth in this report in the cases which I have before cited, can and will be in every instance confirmed by these distinguished gentlemen.¹

It is unnecessary to pursue this subject further. It has been shown that the ordinary standards of judgment have been absolutely disregarded in these cases. It is easy to observe in the report of every case a sort of unilateral method of presenting the subject, suggestive of a kind of mental hemianopia, which certainly makes it appear greatly to my disadvantage.

The various facts which I have set forth may aid us in interpreting the comparative degree of success or failure of the work.

An inquiry which forces itself upon every mind is, what good was to be secured by prolonging this investigation through all this time by the failure of the Commission to send the stipulated cases. We have already seen that at the end of the first year, excluding three that were unfit, or did not come, the Commission had furnished, in all, but six cases. It must be admitted that this Commission either chose not to send cases, or it could not find them. If it could not, after a year of trial, furnish more than half the cases required by the agreement, should the Commission not have abandoned the trial or surrendered it to those who were possessed of larger opportunities?

Is it the judgment of this Society that the Commission had satisfied the conditions of the challenge for which the Society became responsible?

When the investigation was proposed, I assumed that all these cases would be forthcoming at once. I could not have supposed otherwise. The whole tenor of the agreement shows that that was the understanding. Is it to be believed that one would have consented to such an investigation had he supposed that five professed neurologists would require a year in which to select six cases of sufficient difficulty for the investigation?

¹ See letters from these gentlemen appended to this reply.

The Commission claims that it did its best. We are at liberty to inquire what was its understanding of the best methods of selecting its cases, and the following example will serve to illustrate what methods it actually adopted :

September 28, 1888, L. G. called with a letter from one of the Commission requesting me to examine her with reference to her acceptance as a Commission case. She was an epileptic, but to my great satisfaction free from any discoverable organic lesions. She was in good general health; had rosy cheeks, was not stupid from bromides, and was, for a Commission case, a decided novelty. One eye was myopic, the other astigmatic, and she had 8°, vertical diplopia. In my satisfaction at getting a good case, I wrote, perhaps a little enthusiastically, that she was a good case and that she had vertical strabismus.

The case did not return, and I soon learned that one of the oculists of the Commission had operated for her strabismus. On calling the attention of the Commissioner who sent her, he replied : " Oh, yes, she was found to have vertical strabismus, so was sent to Dr. —, who has operated twice."²

Is there a member of the medical profession who would be unable to imagine that, with the above method of furnishing cases, a year might suffice to obtain some half-dozen which would present more than ordinary difficulties ? Whatever may have been the original condition of the majority of the cases sent to me during the first year, it is certain that they had at that time long ceased to be cases of functional disease.

It is not to be forgotten that all the cases upon which the Commission claims to base its conclusion, and which were sent by the Commission, had become worse under all forms of treatment. The testimony of the Commission is conclusive on this point. For example : David S., who had taken bromides indefinitely and in large quantities, stopped

² This statement was confirmed during the discussion by the member of the Commission who sent the case.

the medicine April 23d. The report states that "the result of stopping the bromides in April was the occurrence of nine severe fits between May 6th and 9th."

Again, John C., who had epilepsy twelve years and was saturated with bromides, had according to this report, thirty-one severe convulsions during the month succeeding the discontinuance of the drug. Dr. Seguin became so greatly alarmed lest the patient should die, that he restored him to the benefits of the bromide treatment which, if the patient yet lives, he is still probably pursuing.

The report states that "In all these cases (of epilepsy) the immediate effect of withdrawing the bromides was to cause an increase in the number, and in some cases, in the severity of the attacks. This rarely continued longer than three months." In other words, after three months of ocular treatment, improvement occurred, and this improvement has not only continued, but the patients who continued under observation, without exception, have made steady improvement.

Thus, while as a matter of fact every one of these unfortunate cases belonged to the class of incurables, by any of the ordinary methods of treatment, and as a matter of record—shown by the Commission—these patients had not only not improved, but had grown worse under such treatment, continued during many years by themselves or others, whose treatment they have approved, the cases properly included in this report, have in every instance under the present mode of treatment, materially improved in health and in respect to the special disease for which they were treated.

Indeed, in several instances very notable improvement has occurred. All this has been brought about without recourse to the deadening results of bromides or the toxic effects of enormous doses of arsenic.

In concluding this review of the report of the Commission, permit me to recall the salient facts in the case :

From the beginning the Commission entered upon its work in a manner entirely inconsistent with the true spirit of inquiry.

It pursued it in a manner calculated to induce vexation, misunderstanding and controversy.

It occupied many months in securing a few cases and has never yet complied with its own stipulations.

It has, through more than two years, occupied itself in selecting the most unfavorable cases for treatment, and has taken the favorable case to itself.

The spirit of the report is calculated to produce prejudice and tends to mislead.

The report makes professed quotations which are calculated to subject Dr. Stevens to condemnation or to ridicule, and the letters from which these professed quotations are said to have been made, never, in fact, had existence.

The report is now made in violation of every principle of right or fairness.

The report is represented as an investigation of two diseases and not of a principle, in direct violation of the pledges of the Commission.

The Commission has repeatedly sent cases well known to be unsuitable for the inquiry and has, contrary to the articles of agreement and contrary to the private promise of members, in this report paraded these cases in long detail, with the effect of misleading the judgment of those who are unacquainted with the facts.

It has reported the results of treatment of the cases by minimizing the importance of the malady at the beginning of treatment and by magnifying all the unfavorable conditions now existing.

The results represented are not in conformity with the actual facts, but are grossly at variance with them.

It has reported as resulting from treatment, unfavorable ocular and nervous conditions which do not exist, and has, in this respect, made statements which are grossly at variance with the facts.

NOTE TO DR. STEVENS' REPLY.—On November 4th a number of gentlemen, all well known to the medical profession, examined eight of these cases, including all that had been under treatment during the past year, and who reside in New York or its vicinity. Those not included reside at distances varying from two hundred to one thousand miles from the city and could not be present.

New York, Nov. 5th, 1889.

My Dear Doctor:

The facts that I have elicited from the patients shown last evening to me at your office by my personal inquiries are these. As to

1. Elizabeth C., aged 16, presented as a case of chorea, the mother states that the patient is now quite well, except under much excitement when some mild indication of the former trouble shows itself. The child was free from any signs of chorea at the examination.

2. George K., 14, chorea. Known as the "barking boy." He had been seen by me several times in the past two years, when he barked and jerked very badly. Last evening when exhibited, his motion and noise had very much diminished, and the patient and his mother state that he is greatly improved, and so he seemed to me also.

3. Miss McK., epilepsy. The patient stated that she has never been better in her life than now. That she had not had an epileptic seizure since August 19th, of this year. That prior to treatment she had had as many seizures as five or six a month. That her spells of "confusion" have also much lessened in frequency and duration. These latter had not been counted in her previous reports and were considered by her as distinct from her decided convulsive attacks.

4. Gertrude W., epilepsy. The mother stated that the patient had had four fits prior to Dr. Stevens' treatment and three fits since. That the smaller attacks had diminished from five or six a week to once or twice a week. She considered her daughter to have been much improved.

5. Flora K., young woman, epilepsy. Her mother said the patient was very much better than two years ago, that the attacks were less frequent and less severe, and that the improvement had been greatest in her condition within the past two months. The patient herself stated that she was much improved.

6. Eva S., young girl with chorea. Not much change in the patient's condition the sister reported, though the duration of the quiet times had increased.

7. Agnes H., a young girl with epilepsy. Under treatment since last April. Up to nine days ago no change in her condition, she up to this time having had two or three attacks a day (similar in number to the period prior to April). For the past nine days no attack whatever.

8. Aggie H., 12, with petit mal. Now having some days one attack, some days none, the mother states. She further said she never expected her child to be as well as she is now. That she is more than twenty times as well as she used to be.

In the examination of the condition of these patients, I may add that no details of the treatment were asked for or considered by me.

(Signed), R. F. WIER.

To Dr. George T. Stevens.

I have read Dr. Weir's report, and here state that Dr. Wier's statement agrees with my own in every essential particular.

(Signed), GRAEME M. HAMMOND.

Dr. GEORGE T. STEVENS.

19 West 21st Street, Dec. 7th, 1889.

Dear Sir—I had the pleasure of examining at your office, on the evening of November 4th, 1889, eight cases of chronic epilepsy and chronic chorea. Elizabeth C., George K., Miss McK., Gertrude W., Flora K., Eva S., Agnes H. and Aggie H.; cases referred to you by the Commission of the New York Neurological Society, and who had been subjected to your ocular treatment at their request.

The histories of the patients, as presented to you by the Commission, were read, and then we were allowed to question patients and their friends, and to examine the patients as much as we chose. Being guided wholly by the antecedent history as to their condition when you took charge of them, a careful examination of each case convinced me that *all* had experienced benefit from your treatment, which benefit seems greater when we consider that at the time of your assuming control *all medication* was stopped.

While *all* seemed improved, and testified to great improvement, it seemed to me that the patients Aggie H., George K., Elizabeth C. and Miss McK., in the order named, showed most improvement.

Very truly yours,

(Signed), R. W. AMIDON.

Dec. 7th, 1889.

Dr. GEORGE T. STEVENS.

My Dear Sir—On November 4th, 1889, I had the opportunity of examining at your office, in conjunction with several prominent medical gentlemen of New York City, eight cases of chronic epilepsy and chorea; all of which had been subjected to ocular treatment exclusively at your hands in connection with the work of the "Stevens' Commission."

At the meeting every opportunity was afforded each of the medical gentlemen present by yourself to examine these patients without restraint, and to obtain for themselves a full knowledge of the facts without aid or suggestion from you.

Many of the patients shown at that meeting had been seen by me in your office from time to time while their treatment was being conducted by yourself; hence I was quite thoroughly familiar, from personal knowledge, with their physical condition before ocular defects were either combatted or fully corrected.

From memoranda taken at that time, I take pleasure in stating that, in my judgment, no case failed to show marked improvement. In several cases the results were to me quite startling, as I had not seen them in several months.

In the case of George K., the so-called "barking boy," who, as far as I know, belonged to a type of sufferers that is generally regarded by eminent neurologists as incurable by any known therapeutic measures, the improvement was very remarkable. His barks were only a slight "hiccough" and infrequent. His head was not forced between his knees, as it was every three seconds when I first saw him, and his mother's story of gratitude for the improvement in this respect, as well as for the quiet sleep which he has enjoyed since being under your charge for the first since his disease commenced, was evidently heartfelt.

Among the others in which I observed the greatest improvement, I would mention the epileptic Miss McK., the epileptic girl, Aggie H., and the choreic girl, Elizabeth C.

In the case of Aggie H., the mother states "the child had from forty to sixty attacks of petit mal daily when the eye treatment was commenced, and that now she has sometimes one and often none at all." She also said that the attacks which she does have are now lighter than they have been in the past, and that the child is better in her health than ever before since epilepsy developed.

Respectfully yours,

A. L. RANNEY.

The full histories of the cases will appear in the December number.